

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000076730

1. Entity Name
THE LEARNING DEPOT OF SPRING HILL, INC.



Principal Place of Business
11128 LIBBY RD.
SPRING HILL, FL 34609

Mailing Address
11128 LIBBY RD.
SPRING HILL, FL 34609



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3737182 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUZZI, NANCY
2388 AINSWORTH AVE.
SPRING HILL, FL 34609

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	BRUZZI, NANCY
STREET ADDRESS	2388 AINSWORTH AVE.
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	P
NAME	BRUZZI, ADAM L
STREET ADDRESS	2388 AINSWORTH AVE.
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	CFO
NAME	BRUZZI, ADAM
STREET ADDRESS	11128 LIBBY RD.
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	ST
NAME	MEAD, GAIL
STREET ADDRESS	14267 MISTY ST.
CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000870236
04/09/08-80080-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Adam L. Bruzzi Pres.* Adam L. Bruzzi Pres. 3/28/08 (352) 688-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #